

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	SUBCUTANEOUS INFUSION SET
Attorney Docket Number::	047711-0331
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	10
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Leif
Family Name::	Bowman
City of Residence::	
Country of Residence::	

Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Albert
Family Name:: Candioty
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Milad
Family Name:: Girgis
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Family Name:: Rudolph
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Nam :: Fred
Family Name:: Houghton
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jason
Family Name:: Adams
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Family Name:: Highley
City of Residence::
Country of Residence::
Street of mailing address::

Correspondence Information

Correspondence Customer Number:: 23392
E-Mail address:: PTOMailLosAngeles@Foley.com

Representative Information

Representative Customer Number::	23392	
---	-------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic MiniMed, Inc.